



VARIANCE APPLICATION

Town of Cape Charles
2 Plum Street
Cape Charles, VA 23310
757-331-2036 Fax: 757-331-4820
planner@capecharles.org

PERMIT CHECKLIST - all documents can be emailed to the above email

- | | |
|---|--|
| <input type="checkbox"/> Completed application | <input type="checkbox"/> Photos/elevations of existing structure |
| <input type="checkbox"/> Letter of intent clearly explaining project | <input type="checkbox"/> Photos/elevations of proposed project |
| <input type="checkbox"/> Existing site plan or survey | <input type="checkbox"/> Payment of fees (single-family detached \$450, all others \$750, each additional variance request on same application \$50) |
| <input type="checkbox"/> Proposed site plan or survey (if applicable) | |

PROJECT INFORMATION

Name of Project: _____

Property Address: _____

Brief Description of Project: _____

Zoning District: _____ Current Use: _____ Proposed Use: _____

OWNER INFORMATION

Name and Company: _____

Mailing Address: _____

Phone Number: _____ Email: _____

APPLICANT INFORMATION

check here if applicant is owner

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

CERTIFICATION OF APPLICANT

I hereby certify that I have the authority to make the foregoing application, that the information given is true and correct, and that the construction or improvements will conform to the regulations in the Virginia Statewide Building Code, all pertinent Town Ordinances, including fire, sewer and water ordinances, and private building restrictions, if any, which may be imposed on the property by deed. Furthermore, I certify that the changes to the improvement before or during construction will be provided to the Zoning Administrator and Building Official before such changes are constructed.

Signature of Applicant: _____ Date: _____